

ISSUE SLIP STAPLE AREA (FOR ADDITIONAL CROSS REFERENCES)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MA</i>	<i>6784</i>	<i>3/9/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>3/1/00</i>
FORMALITY REVIEW	<i>1080</i>	<i>60080</i>	
RESPONSE FORMALITY REVIEW			<i>6/15/00</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Original	Date
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
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42	✓	
43	✓	
44	✓	
45	✓	
46	✓	
47	✓	
48	✓	
49	✓	
50	✓	

Claim	Original	Date
51	✓	
52	✓	
53	✓	
54	✓	
55	✓	
56	✓	
57	✓	
58	✓	
59	✓	
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93	✓	
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95	✓	
96	✓	
97	✓	
98	✓	
99	✓	
100	✓	

Claim	Original	Date
101	✓	
102	✓	
103	✓	
104	✓	
105	✓	
106	✓	
107	✓	
108	✓	
109	✓	
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138	✓	
139	✓	
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141	✓	
142	✓	
143	✓	
144	✓	
145	✓	
146	✓	
147	✓	
148	✓	
149	✓	
150	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)